

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 208123 (0)

1. Corporation Name

PIONEER MARINE PRODUCTS, INC.



Principal Place of Business

3611 N W 74TH ST
MIAMI FL 33147

Mailing Address

3611 N W 74TH ST
MIAMI FL 33147

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/09/1957

3a. Date of Last Report

02/06/1995

4. FEI Number

59-0905307

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM H
520 N MASHTA DR
KEY BISCAYNE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: CP
HEGAMYER, W H
STREET ADDRESS: 511 N. MASHTA DRIVE
CITY-ST-ZIP: KEY BISCAYNE FL 33149

1.2 TITLE ☐ DELETE

NAME: VD
HEGAMYER, L K
STREET ADDRESS: 511 N. MASHTA DRIVE
CITY-ST-ZIP: KEY BISCAYNE FL 33149

1.3 TITLE ☐ DELETE

NAME: T
ROBINSON, CHARLES V
STREET ADDRESS: 1550 NE 123 ST, N-307
CITY-ST-ZIP: N MIAMI FL 33161

1.4 TITLE ☐ DELETE

NAME: SD
HEGAMYER, K L
STREET ADDRESS: 261 GREENWOOD DR
CITY-ST-ZIP: KEY BISCAYNE FL 33149

1.5 TITLE ☐ DELETE

NAME: VD
MARTY, D C
STREET ADDRESS: 7850 SW 67 TERRACE
CITY-ST-ZIP: MIAMI FL 33143

1.6 TITLE ☐ DELETE

NAME: VD
HINCKLEY, H D
STREET ADDRESS: 6065 ROLING RD DR
CITY-ST-ZIP: MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7845 SW 67th Terrace

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamy

1/25/96

305-696-0830

Date

Daytime Phone #

CR2E034 (12/95)